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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. A TRADERT **Application Number** 10/687.891 TRANSMITTAL Filing Date October 17, 2003 First Named Inventor **FORM** McGrath, Donnie Art Unit 3727 **Examiner Name** Mai, Tri M (to be used for all correspondence after initial filing) Attomey Docket Number 5021.340.001 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): **POWER OF ATTORNEY &** Request for Refund **Express Abandonment Request CORRESPONDENCE ADDRESS** INDICATION FORM CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name O'CONNOR CHRISTENSEN & McLAUGHLIŃ, LLP Signature Printed name Craig McLagghlin Date Reg. No. October 27, 2005 44925

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/687,891					
Filing Date	October 17, 2003					
First Named Inventor	McGrath, Donnie					
Title	DEVICE FOR TRANSPORTING LARGE					
Art Unit	3727					
Examiner Name	Mai, Tri M					
Attorney Docket Number	McGrath					

I hereby revoke all previous powers of attorney given in the above-identified application.											
I hereby appoint:											
П											
Practitioners associated with the Customer Number:											
OR											
lacksquare	Practitioner(s) named below:										
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	Craig McLaughlin				44925						
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V	Applicant/Invento	or.									
Assignee of record of the entire interest. See 37 CFR 3.71.											
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)											
SIGNATURE of Applicant or Assignee of Record											
Signature					Date	10-16-05					
	Name Donnie McGrath					Telephone	678-438-7361				
Title and Company CUNER - PANCATORIER . (ON											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
	*Total of 1	1	orms are submitted.								

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